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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET Substitute for Form PTO-1360 (For use with Form PTO/SB-06)				Application Number 10/057,206		Filing Date 25 January, 2002		<input type="checkbox"/> To be Mailed				
				Applicant(s) SMALL ET AL.		Page 1 of 2						
* May be used for additional claims or amendments												
CLAIMS	AS FILED		AFTER FIRST AMENDMENT 06/05/08		AFTER SEC. AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1							51					
2							52					
3							53					
4							54					
5							55					
6							56					
7							57					
8							58					
9							59					
10							60					
11							61					
12							62					
13							63					
14							64					
15							65					
16							66					
17							67					
18							68					
19							69					
20							70					
21							71					
22							72					
23							73					
24							74					
25							75					
26							76					
27							77			1		
28							78				1	
29							79				1	
30							80				1	
31							81				1	
32							82				1	
33							83				1	
34							84				1	
35							85				1	
36							86				1	
37							87				1	
38							88				1	
39							89				1	
40							90				10	
41							91				10	
42							92				1	
43							93				1	
44							94			1		
45							95				1	
46							96				1	
47							97				1	
48							98				1	
49							99				1	
50							100				1	
Total Indep							Total Indep					
Total Depend							Total Depend					
Total Claims							Total Claims					

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Part of Paper No20080708-1.

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**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**Substitute for Form PTO-1360
(For use with Form PTO/SB-06)Application Number
10/057,206

Filing Date

25 January, 2002

Applicant(s)
SMALL ET AL.

Page 2 of 2

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SEC. AMENDMENT		* May be used for additional claims or amendments							
	Indep	Depend	Indep	Depend	Indep	Depend	*		*		*			
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend	
101				1			151							
102				1			152							
103				1			153							
104				1			154							
105				1			155							
106				9			156							
107				1			157							
108				1			158							
109				1			159							
110				1			160							
111				1			161							
112							162							
113							163							
114							164							
115							165							
116							166							
117							167							
118			1				168							
119							169							
120							170							
121							171							
122							172							
123							173							
124							174							
125							175							
126							176							
127							177							
128							178							
129							179							
130				1			180							
131				1			181							
132				1			182							
133				1			183							
134				1			184							
135				1			185							
136				1			186							
137				1			187							
138				1			188							
139							189							
140				1			190							
141				1			191							
142				1			192							
143				1			193							
144							194							
145							195							
146							196							
147							197							
148							198							
149							199							
150							200							
Total Indep			3				Total Indep							
Total Depend				72			Total Depend							
Total Claims				75			Total Claims							

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